

STANDARD CERTIFICATE OF DEATH

State File No. 34599

Registration District No. 1008

Primary Registration District No. _____

Registrar's No. 9137

1. PLACE OF DEATH:

- (a) County St. Louis **NOV 13 1939**
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis Childrens 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hrs (Specify whether

In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Billy Eugene Rickett, Jr. 230

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife child 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7-25- 39
 (Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Waltonville, Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business child

12. Name Lloyd

13. Birthplace Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Florence Earls
 (City, town, or county) (State or foreign country)

15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. Vedder

(b) Address 416 S. Kings highway

17. (a) Removal (b) Date thereof 10/26/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALTONVILLE ILL.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 25 1939 (b) J. F. Budich
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County _____
 (c) City or town Waltonville WR
 (If outside city or town limits, write "RURAL")
 (d) Street No. RR # 3
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25
 year 39 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-24-39
 _____, 19____, to 10-25- _____, 19____;
 that I last saw him alive on 10-24 _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 5 days
type III pneumococcus Duration

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Leo J. Davenport (M. D. or other) _____

Address St. Louis Childrens Date signed 10/25/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Albert W. Kopp

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.